



**CLAIRVOYANT, FORTUNETELLER, ETC.
LICENSE APPLICATION**

Complete in Duplicate

Fee: \$50.00 per year

CITY LICENSE
(316) 268-4553

BUSINESS INFORMATION:

Business Name		Phone	
Business Address		Zip Code	
Owner of Business Premises			

APPLICANT INFORMATION:

Full Name		Date of Birth	
Home Address		Home Phone	
City and State		Zip Code	

- How long have you been a resident of Wichita, Kansas? _____
- Are you a citizen of the United States? ____ **Yes** ____ **No**
- Have you been convicted of a felony or crime involving moral turpitude within two years immediately preceding the date of making this application? ____ **Yes** ____ **No**

Signature of Applicant

Date

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public

FOR OFFICIAL USE ONLY

	Approved	Disapproved	Date
Chief of Police			
Central Inspection			
License Number		License Expiration	Date Issued